





**WINSTON-SALEM**  
STATE UNIVERSITY

Grant Amount Requested: \$ \_\_\_\_\_

Is additional aid, services or counseling needed due to this event?:    Y        N  
If yes, please explain: \_\_\_\_\_

By signing below I certify that all information is true and correct to the best of my knowledge

Your Name (please print): \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
**PLEASE STOP HERE**

(To be completed by the Dean of Students Reviewing this Application)

Checked WSSU ID to verify the student is active  
Verified that student has not previously received a grant from the Reilly Cullinan Emergency Grant Fund  
Confirmed unexpected and/or extenuating circumstance described by applicant. Attach documentation.

**Status of Application**

Denied

Denial Reason \_\_\_\_\_

Approved

Grant Amount \$ \_\_\_\_\_

Approving Dean of Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_